

Date: \_\_\_\_\_

Time: \_\_\_\_\_

**S.W.I.F.T. LEAD REFERRAL**

Statewide Investigative Fraud Team (S.W.I.F.T.)

<http://www.cslb.ca.gov>

**Northern Regions**

9821 Business Park Drive, Sacramento, CA 95827

Mailing Address: P.O. Box 269117, Sacramento, CA 95826-9117

Office Number (916) 255-2924 / Fax (916) 369-7265

**Southern Regions**

12501 East Imperial Hwy., Ste. 610, Norwalk, CA 90650

Office Number (562) 345-7600

Fax Number (562) 466-6065

**SUSPECT(S) INFORMATION**

Suspect's NAME (First): \_\_\_\_\_ (Last): \_\_\_\_\_

Suspect's BUSINESS NAME: \_\_\_\_\_

Suspect's ADDRESS: \_\_\_\_\_

Suspect's PHONE #: (\_\_\_\_\_) \_\_\_\_\_ PAGER #: (\_\_\_\_\_) \_\_\_\_\_

(S) DESCRIPTION: \_\_\_\_\_

(Sex) (Race) (Age) (Ht.) (Wt.) (Hair) (Other Information)

Driver License/ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

(S) Vehicle: Lic. # \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ Year \_\_\_\_\_

**PROJECT INFORMATION**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cross Streets: \_\_\_\_\_

Owner of Project: \_\_\_\_\_ Owner's Telephone #: (\_\_\_\_\_) \_\_\_\_\_

Residential: ☐

Commercial: ☐

- Type of work Suspect is doing? \_\_\_\_\_ Prime ☐ Subcontractor ☐
- How long has Suspect been on the job site? \_\_\_\_\_
- How much longer will Suspect be on the site? \_\_\_\_\_
- How many employees (workers) on the site? \_\_\_\_\_

**REPORTING PARTY INFORMATION**

Reporting Party's Name: \_\_\_\_\_

Phone #: (\_\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_\_) \_\_\_\_\_

Remain Confidential? Yes ☐ No ☐

Origin: Public ☐ Industry ☐ Government ☐ Other \_\_\_\_\_

\*\*\*\*\*

**FOR CSLB USE ONLY**

Case Number: \_\_\_\_\_ Date Assigned: \_\_\_\_\_

Received Via: Fax ☐ Phone ☐ E-Mail ☐ Mail ☐ Hand Delivered ☐

Referred to: EDD ☐ DIR ☐ DOI ☐ Other: \_\_\_\_\_